

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

MARK BIRCHER FOR CONGRESS

ADDRESS (number and street)

11125 PARK BLVD

NUM 104-173

Check if different
than previously
reported. (ACC)

SEMINOLE

FL

33772

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00592881

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Millner

Signature of Treasurer

Michael Millner

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 10

Write or Type Committee Name

MARK BIRCHER FOR CONGRESS

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 3 | 0 | | 2 | 0 | 1 | 5 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 3 | 1 | | 2 | 0 | 1 | 5 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 705.00 | 705.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 705.00 | 705.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 6842.00 | 6842.00 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 6842.00 | 6842.00 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 8863.00 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 15000.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 10

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MARK BIRCHER FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 30 / 2015

To:

M M / D D / Y Y Y Y
12 / 31 / 2015

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

500.00

500.00

(ii) Unitemized

205.00

205.00

(iii) TOTAL of contributions from individuals ▶

705.00

705.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

705.00

705.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

15000.00

15000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

15000.00

15000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

15705.00

15705.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 6842.00 | 6842.00 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 6842.00 | 6842.00 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 15705.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 15705.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 6842.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 8863.00 |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 10

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

MARK BIRCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Sydney Legakis

Mailing Address 13 Eagle Lane

City

Palm Harbor

State

FL

Zip Code

34683

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Accountant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 23 / 2015

Transaction ID : SA11Al.4116

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B.
Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.
Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

| | | | | |
|------------------------------------|--|-------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a 12 | <input checked="" type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |
|------------------------------------|--|-------------------------------------|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
MARK BIRCHER FOR CONGRESS

| | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---|-------|---|-------------|----|----------|----|--|------|----------|--|----------|
| A. Full Name (Last, First, Middle Initial) MARK WILLIAM BIRCHER | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table> | | M M M | / | D D D | / | Y Y Y Y Y Y | 12 | | 01 | | 2015 | | | |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | | | | |
| 12 | | 01 | | 2015 | | | | | | | | | | | | |
| Mailing Address 11125 PARK BLVD NUM 104-173 | | Transaction ID : SA13A.4100 | | | | | | | | | | | | | | |
| City SEMINOLE | State FL | Zip Code 33772 | Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>15000.00</td> </tr> </table> | | | | | | | | | | | 15000.00 | | |
| | | | | | | | | | | 15000.00 | | | | | | |
| FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td>H4FL13135</td> </tr> </table> | | C | H4FL13135 | Loan from Candidate <table border="1"> <tr> <td colspan="10"></td> <td>15000.00</td> </tr> </table> | | | | | | | | | | | | 15000.00 |
| C | H4FL13135 | | | | | | | | | | | | | | | |
| | | | | | | | | | | 15000.00 | | | | | | |
| Name of Employer Delta | Occupation Pilot | | | | | | | | | | | | | | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>15000.00</td> </tr> </table> | | | | | | | | | | | | | 15000.00 | | |
| | | | | | | | | | | 15000.00 | | | | | | |
| B. Full Name (Last, First, Middle Initial) | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Mailing Address | | Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td></td> </tr> </table> | | C | | Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table> | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Mailing Address | | Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td></td> </tr> </table> | | C | | Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table> | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| SUBTOTAL of Receipts This Page (optional)..... | | <table border="1"> <tr> <td colspan="10"></td> <td>15000.00</td> </tr> </table> | | | | | | | | | | | | 15000.00 | | |
| | | | | | | | | | | 15000.00 | | | | | | |
| TOTAL This Period (last page this line number only)..... | | <table border="1"> <tr> <td colspan="10"></td> <td>15000.00</td> </tr> </table> | | | | | | | | | | | | 15000.00 | | |
| | | | | | | | | | | 15000.00 | | | | | | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 10

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MARK BIRCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Jacqueline BircherMailing Address 11125 Park Blvd
#104-173

City Seminole State FL Zip Code 33772

Purpose of Disbursement
See Memo Entry

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 14 | | 2015 |

Amount of Each Disbursement this Period

| |
|--------|
| 312.98 |
|--------|

Transaction ID : SB17.4112

B. CDM Gifts, Inc.

Mailing Address 9456 133rd ST.

City North Seminole State FL Zip Code 33776

Purpose of Disbursement
T-shirts

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 14 | | 2015 |

Amount of Each Disbursement this Period

| |
|--------|
| 312.98 |
|--------|

Transaction ID : SB17.4112.0

[MEMO ITEM]

C. Finzer & Perfetti

Mailing Address 3309 Arrowsmith Rd.

City Wimauma State FL Zip Code 33598

Purpose of Disbursement
Website design & development

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 02 | | 2015 |

Amount of Each Disbursement this Period

| |
|---------|
| 4312.00 |
|---------|

Transaction ID : SB17.4102

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4624.98

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MARK BIRCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Finzer & Perfetti

Mailing Address 3309 Arrowsmith Rd.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Wimauma | FL | 33598 |

Purpose of Disbursement
Yard Signs

006

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 14 | | 2015 |

Amount of Each Disbursement this Period

| |
|--------|
| 354.17 |
|--------|

Transaction ID : SB17.4107

B. Finzer & Perfetti

Mailing Address 3309 Arrowsmith Rd.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Wimauma | FL | 33598 |

Purpose of Disbursement
Fundraising letters

006

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 21 | | 2015 |

Amount of Each Disbursement this Period

| |
|--------|
| 856.00 |
|--------|

Transaction ID : SB17.4110

c. Ignite Software Inc.Mailing Address 10390 3rd St N
#A

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| St. Petersburg | FL | 33716 |

Purpose of Disbursement
Website Development

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 04 | | 2015 |

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Transaction ID : SB17.4104

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1710.17

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

MARK BIRCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ignite Software Inc.Mailing Address 10390 3rd St N
#ACity State Zip Code
St. Petersburg FL 33716Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | / | 14 | / | 2015 |

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Transaction ID : SB17.4108

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | / | | / | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | / | | / | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|--------|
| 500.00 |
|--------|

| |
|---------|
| 6835.15 |
|---------|

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 10

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4100

MARK BIRCHER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

MARK WILLIAM BIRCHER

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

11125 PARK BLVD
NUM 104-173

City

State

ZIP Code

SEMINOLE

FL

33772

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

M 12 / D 01 / Y 2015 Y

Date Due

M M / D D / Y 12/31/2016 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15000.00

TOTALS This Period (last page in this line only)..... ►

15000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.